

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813 or P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: (808) 587-0460 FAX: (808) 587-0470 email: ethics@hawaiiethics.org

Web site: www.hawaii.gov/ethics

NOTE: This is a public document.

THIS SPACE FOR OFFICE USE ONLY

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LOBBYIST REGISTRATION FORM STATE OF HAWAII (Type or Print Clearly)

PART LOBBYIST		T Tark Gloday)	
NAME (Last)	(First)	(Middle)	TELEPHONE
Medeiros	Nick		
MAILING ADDRESS (Street)			FAX
1127 11th Street, #604			EMAIL 2nick@surewest.net
(City)	(State)		(Zip Code)
Sacramento	CA		95814
EMPLOYING ORGANIZATION (Fill in only if yo	ou are employed by a business	entity which has been retained to lobby)	TELEPHONE
MAILING ADDRESS (Street)		***************************************	FAX
			EMAIL.
(City)	(State)		(Zip Code)

PART II ORGANIZATION NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	
National Tobacco Compa	502-774-9270 FAX 502-774-9235 EMAIL kcissell@nationaltobacco.com		
MAILING ADDRESS (Street) 5201 Interchange Way			
		(City)	(State)
Louisville	KY	40229	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
Ronald Tully		502-774-9270	
MAILING ADDRESS (Street)		FAX 502-774-9235	
5201 Interchange Way		EMAIL rtully@nationaltobacco.com	
(City)	(State)	(Zip Code)	
Louisville	KY	40229	

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
☐ Agriculture	☐ Education	Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	 Intergovernmental Relations, International Affairs 	C Tourism & Recreation		
Consumer Protection & . Commerce	☐ Hawaiian Affairs	Labor & Employment	☐ Transportation		
Culture, Arts, Historic Preservation	C Health	Planning, Land & Water Use Management	Ø Other: (indicate below)		
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections	tobacco		
<u> </u>					
	N OF LOBBYIST				
I hereby certify that the	e information furnished abov	re is, to the best of my knowle	dge, correct and complete.		
1400 Mederia 31/13					
(Signature of Lobbyist) (Date)					
PART V AUTHORIZATI	ON TO LOBBY				
NAME		TITLE OF AUTHORIZING OFFIC	ER OR PERSON REPRESENTED		
Ronald Tully	VP, New Products & Initiatives				
NAME OF ORGANIZATION (if applicable)			TELEPHONE		
National Tobacco Company			502-774-9270		
MAILING ADDRESS (Street)			FAX 502-774-9235		
5201 Interchange Way			EMAIL rtully@nationaltobacco.com		
(City)	(State)		(Zip Code)		
Louisville	KY		40229		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
	- Sulla		3/1/13		
-(Signature of Authorizing Officer or Person Represented)			(Date)		

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